



**Madison Area YMCA
Program Withdrawal Form**

Please complete all information for prompt processing
Complete a separate form for each class request

Approved Amount
For office use
Expiration Date
For office use

Instructions & Information:

1. Refunds are only granted for class cancellations by the YMCA or valid medical excuse (attach doctors note to this form).
2. Internal YMCA credits may be requested before the 3rd class in any session. After the 3rd class no credit will be issued.
3. Participants are charged for all classes on a pro-rated basis from the time the credit application is received. Additionally, a \$10.00 processing fee will be charged for all requests.
4. We do our best to expedite requests, however credits may take up to 3 weeks to process.
5. **REDEMPTION:** Once approved, your credit may be applied to any YMCA program or service. When redeeming, please inform the front desk staff, prior to payment, that you have an existing credit on file. **ALL CREDITS EXPIRE ONE YEAR FROM DATE OF ISSUE.**

Check one: Drop-Out of Program Drop-Out of Wait List (No service fee)

PLEASE PRINT CLEARLY – COMPLETE ALL INFORMATION:

Name of <i>participant in program</i> :		Today's Date:
Last Name:	First Name:	
Name of <i>parent</i> :		Home Telephone Number
Last Name:	First Name:	
Street Address:		
City, State, Zip:		Email Address:

Reason for request: (Please be specific)

Class Name:	Class Barcode:	Amount Paid:
Day of week:	Class Time:	Class Start Date: _____/_____/_____
Method of payment: ____ Check/Cash ____ Credit Card	<input type="checkbox"/> Issue a refund- Program Director approval is required (see above). <input type="checkbox"/> Leave as a credit for future use	

For Office use only

Amount Paid \$ _____	Rcvd Front Desk _____	Date _____
Prorating \$ _____	Director Approval _____	Date: _____
Service Fee \$ <u>(10.00)</u>	Exec. Dir. Approval _____	Date: _____
Total R/C \$ _____	Account # _____	

Credit **Refund**

Amount Applied:	Date Applied:	Receipt #:	Initials:
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